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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <b>10/698,691</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/		X								
2		/		X							
3		/		X							
4		/		X							
5		/		X							
6		/		X							
7		/		X							
8		/		X							
9		/		X							
10		/		X							
11		/		X							
12		/		X							
13		/		X							
14		/		X							
15		/		X							
16		/		X							
17		/		X							
18		/		X							
19		/		X							
20		/		X							
21		/		X							
22		/		X							
23		/		X							
24		/		X							
25		/		X							
26	/		X								
27		/		X							
28		/		X							
29		/		X							
30		/		X							
31		/		X							
32		/		X							
33		/		X							
34		/		X							
35		/		X							
36	/		X								
37		/		X							
38		/		X							
39		/		X							
40		/		X							
41		/		X							
42		/		X							
43		/		X							
44		/		X							
45		/		X							
46		/		X							
47		/		X							
48		/		X							
49		/		X							
50		/		X							
Total Indep											
Total Depend											
Total Claims											
51		/		X							
52		/		X							
53		/		X							
54		/		X							
55		/		X							
56	/		X								
57	/		X								
58	/		X								
59		/		X							
60		/		X							
61		/		X							
62	/		X								
63	/		X								
64		/		X							
65		/		X							
66		/		X							
67		/		X							
68		/		X							
69		/		X							
70		/		X							
71		/		X							
72		/		X							
73		/		X							
74		/		X							
75		/		X							
76		/		X							
77		/		X							
78		/		X							
79		/		X							
80		/		X							
81		/		X							
82		/		X							
83		/		X							
84		/		X							
85		/		X							
86		/		X							
87		/		X							
88		/		X							
89		/		X							
90		/		X							
91		/		X							
92		/		X							
93		/		X							
94		/		X							
95		/		X							
96		/		X							
97		/		X							
98		/		X							
99		/		X							
100		/		X							
Total Indep											
Total Depend											
Total Claims											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Cancel claims 1-45 and 58-67. There are only 63 claims in the file.